

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ANNUAL SUBMISSION REQUIREMENT INSTRUCTIONS  
DUE FEBRUARY 29, 2016**

**GENERAL INSTRUCTIONS**

The Annual Submission requirements are found in Section 7.8 and Attachment 7.8.1 of the MDHHS/CMHSP Managed Mental Health Supports and Services Contract.

There are five requirements for submission:

- Estimated Full Time Equivalents (FTEs)
- Request for Service and Disposition of Requests
- Summary of Current Contracts for Mental Health Service Delivery (2 Forms)
- Waiting List
- Needs Assessment

Narrative questions have been added to further explain the information provided.

All forms and instructions are posted to the MDHHS website address at: [http://www.michigan.gov/mdhhs/0,5885,7-339-71550\\_2941\\_38765---,00.html](http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_38765---,00.html) to avoid delays in processing, please do not leave any data or text entry box blank. Also, please do not change the forms as the cells and formulas are "locked".

Please submit completed forms to Teri Baker at [bakert3@michigan.gov](mailto:bakert3@michigan.gov).

The due date is February 29, 2016. Contact Kendra Binkley at (517) 335-0166 or [binkleyk@michigan.gov](mailto:binkleyk@michigan.gov) with any questions.

**INSTRUCTIONS FOR COMPLETION OF EACH SUBMISSION REQUIREMENT FOLLOW:**

**1. ESTIMATED FTE EQUIVALENTS**

**PURPOSE OF FORM AND GENERAL INSTRUCTIONS**

The purpose of this form is to provide information about the total CMHSP and provider network workforce and to meet reporting requirements relative to Section 404 of the FY 2015 Appropriations Act, which states:

"Not later than May 31 of the current fiscal year, the department shall provide a report on the community mental health services programs to the members of the house and senate appropriations subcommittees on community health, the house and senate fiscal agencies, and the state budget director that includes the information required by this section.

(2) The report shall contain information for each CMHSP or PIHP and a statewide summary, each of which shall include at least the following information:

(k) An estimate of the number of direct care workers in local residential settings and paraprofessional and other nonprofessional direct care workers in settings where skill building, community living supports and training, and personal care services are provided by CMHSPs or PIHPs as of September 30 of the prior fiscal year employed directly or through contracts with provider organizations".

Please provide the estimated FTEs for the total CMHSP and provider network workforce as of September 30, 2014 employed directly or through contracts with provider organizations. Full-time equivalent employees are defined as 36.00 or more hours of paid (including sick/vacation) work per week.

Note:

- A. Only vacancies that have been approved to be filled should be reported.
- B. Exclude all community inpatient and state operated hospital/center employees.

#### **TABLE 1 TOTAL WORKFORCE IN SPECIALIZED RESIDENTIAL SETTINGS**

##### **COLUMN INSTRUCTIONS**

- Column 1** Enter the actual filled FTE equivalent positions as of 9/30/15.
- Column 2** Enter the approved vacancies as of 9/30/15 that are intended to be filled.
- Column 3** This column is formula driven to sum the total number of actual and approved vacancies as of 9/30/15.

##### **ROW INSTRUCTIONS**

- Row 1** Specialized Residential Settings – Settings where 24 hour room, board and supervision are provided to unrelated persons.
- Row 2a** Enter all direct CMHSP employees and vacancies in specialized residential settings.
- Row 3b** Enter all other contract staff in specialized residential settings.
- Row 4** Total Workforce in Specialized Residential Settings – this row is formula driven and will calculate the total workforce in specialized residential settings.

#### **TABLE 2 TOTAL WORKFORCE IN OTHER SETTINGS**

##### **COLUMN INSTRUCTIONS**

- Column 1** Enter the actual filled FTE equivalent positions as of 9/30/15.
- Column 2** Enter the approved vacancies as of 9/30/13 that are intended to be filled.
- Column 3** Enter the sum of the total number of actual and approved vacancies as of 9/30/15.

##### **ROW INSTRUCTIONS**

- Row 5** Enter the total workforce FTEs that are CMHSP employees in settings other than specialized residential settings where skill building, community living supports and training, and personal care services are provided. Include filled and approved vacancies.
- Row 6** Enter the total workforce FTEs of contract agency employees in settings other than specialized residential settings where skill building, community living supports and training, and personal care services are provided. Include filled and approved vacancies.
- Row 7** Total – sum of Rows 5 and 6.

##### **EXPECTED FY16 WORKFORCE CHANGES**

As noted on the form, provide a brief description, (1-2 paragraphs) of expected FY16 workforce changes. Indicate if these apply to CMHSP employees and/or contract agencies. And, describe the source of the workforce information and how it was obtained.

## **2. REPORT ON THE REQUESTS FOR SERVICES AND DISPOSITION OF REQUESTS**

##### **PURPOSE AND GENERAL INSTRUCTIONS**

MDHHS will use this report to gather data on requests for service and about the disposition of those requests. The reporting categories in the CMHSP Assessment section are consistent with the TSG waiting list standards. Additionally, a narrative submission is also being required to assist in understanding the information provided.

##### **NARRATIVE:**

- A. Please provide a brief description of how the CMHSP collects and maintains the data reported on this form.
- B. In no more than one page, please briefly describe the process by which the CMHSP determines eligibility [e.g., per use of assessment instrument (ID name), per telephone screen, or face-to-face assessment or combination, etc.].
- C. Also, please provide a brief clearly labeled narrative describing noticeable trends and CMHSP response to these trends in service requests. If these represent an increased demand for services, explain how you plan to manage this increased demand in FY15. If changes in eligibility rules result in termination of services to current consumers include this information.

#### **COLUMN INSTRUCTIONS**

**DD All Ages** – Individuals with Developmental Disabilities of all ages.

**Adults with MI** – Anyone that is 18 years old or older with a mental illness.

**Children with SED** - Anyone that is 17 years or younger with serious emotional disturbance.

**Unknown and All Other** – Anyone else that doesn't fit into the other categories; please add a footnote to describe who is reported in this category.

**Total** - this is the sum of the previous four columns

#### **CMHSP POINT OF ENTRY-SCREENING**

- Row 1** Report the total number of people that walked in or called in with any request.
- Row 2** Report if the numbers in Row 1 are unduplicated with a “yes” or “no” under each category.
- Row 3** Of the number reported in Row 1 - Report the number of requests that were referred out due to non mental health needs. For example, the telephone inquiry is about Food Stamps or another non mental health need, the CMHSP would then refer the caller to DHS or another community provider for that specific service.
- Row 4** Of the number reported in Row 1 - Report the total number of people who requested services the CMHSP provides – irrespective of their eligibility.
- Row 5** Of the number in Row 4, report the number of people who did not meet eligibility criteria determined through a phone screen.
- Row 6** Of the number in Row 4, report the number of people who met eligibility criteria via a phone screen and/or were scheduled for assessment.
- Row 7** Report and describe any other people reported in Row 4 that are not counted in row 5 or 6 in this row and describe.

#### **CMHSP ASSESSMENT**

- Row 8** Of the number reported in Row 6 – Report the number of people who did not receive eligibility determination (dropped out, no show, etc.).
- Row 9** Of the number reported in Row 6 - Report the number of requests made by people who are Medicaid beneficiaries that do not meet specialty services (PIHP) service criteria and would be better served by another Medicaid fee for service provider, but not the health plan, and did not receive CMHSP provided mental health services. “MA” refers to Medicaid.
- Row 10** Of the number reported in Row 6 - Report the number of requests made by people who are Medicaid beneficiaries that do not meet specialty services (PIHP) service criteria and would be better served by the Medicaid Health Plan and did not receive CMHSP provided mental health services.
- Row 11** Of the number reported in Row 6 - Report the number of people that otherwise did not meet CMHSP non-entitlement (GF) eligibility criteria.

- Row 11a** Of the number reported in Row 11 – Report the number of people that were referred out to other mental health providers.
- Row 11b** Of the number reported in Row 11 – Report the number of people that were not referred out to any other mental health providers.
- Row 12** Of the number reported in Row 6 - Report the total number of people that met CMHSP eligibility criteria.
- Row 13** Of the number reported in Row 12 - Report the number of people with Serious Mental Illness, Serious Emotional Disturbance or Developmental Disabilities who were in emergent or urgent situations.
- Row 14** Of the number reported in Row 12 - Report the number of people who met the CMHSP criteria for immediate services and were not placed on the CMHSP waiting list for any services.
- Row 15** Of the number reported in Row 12 - Report the number of persons who were placed on a waiting list.
- Row 15a** Of the number in Row 15, report the number of people that received some CMHSP services but were also wait-listed for other CMHSP services.
- Row 15b** Of the number in Row 15, report the number of people that were wait-listed for all CMHSP services.
- Row 16** Report any other people that did not fit into any of the above categories, please include a description of these individuals in the narrative.

### **3. CMHSP SUMMARY OF FY15 CONTRACTS FOR MENTAL HEALTH SERVICE DELIVERY**

#### **PURPOSE OF FORM AND GENERAL INSTRUCTIONS**

The FY 2015 Appropriations Act continues to require that the department, provide information about contracts for mental health services entered into by CMHSPs, including information about the type of services, rates and amounts paid. Please use the CMHSP Summary of FY 15 Contracts for Mental Health Services Delivery Form 1 of 2 for reporting this information.

CMHSP Summary of Current Contracts for Mental Health Services Delivery Form 2 of 2 was developed in order for MDHHS to gather information about top paid providers. Note: those CMHSPs/PIHPs that are direct service providers should be included on Form 2 of 2 when CMHSP/PIHP direct operations are one of the top 5 of providers.

#### **INSTRUCTIONS FOR FORM 1 OF 2**

**Exclude all state-operated hospital/center inpatient services and community inpatient services.**

#### **COLUMN INSTRUCTIONS**

PROGRAM TYPE – the program categories were revised in the 2010 requirements.

NUMBER OF CONTRACTS - Report the number of FY15 contracts for services by program type.

RATE PAID PER UNIT OF SERVICE - Enter the rate paid and the associated unit (e.g., daily, hour, etc.). If more than one rate, enter the rate range from low to high.

TOTAL FY 15 EXPECTED CMHSP EXPENDITURES - Enter the total CMHSP FY 15 expenditures for the service contracts. This is expected to represent the total gross expenditures of the CMHSP for the program type reported on the row.

#### **ROW INSTRUCTIONS**

TARGETED CSM/SUPPORTS COORDINATION – Report the number of contracts the CMHSP holds for each client population for the Targeted CSM/Supports Coordination program type. Services included here are client services management and supports coordination.

INTENSIVE INTERVENTIONS/INTENSIVE COMMUNITY SERVICES – Report the number of contracts the CMHSP holds for each client population for the Intensive Interventions/Intensive Community Services program type. Services included here are assertive community treatment, home based services, integrated dual disorder treatment and dialectal behavior therapy.

CLINIC SERVICES/MEDICATION - Report the number of contracts the CMHSP holds for each client population for the Clinic Services/Medication program type. Services included are assessment/evaluation, psychological services, education/medication monitoring, nursing, health outpatient, Parent Management Therapy Oregon Model, family psycho-education, occupational therapy, physical therapy and speech.

SUPPORTS FOR RESIDENTIAL LIVING - Report the number of contracts the CMHSP holds for each client population for the Supports for Residential Living program type. Services included here are 24 hours support for residential and crisis residential.

SUPPORTS FOR COMMUNITY LIVING - Report the number of contracts the CMHSP holds for each client population for the Supports for Community Living program type. Services included here are community living supports less than 24 hours, supported employment, skill building, clubhouse and respite.

OTHER PROGRAM TYPES – Use up to 3 additional rows to list any other program type that is not incorporated in the above 5 categories.

#### **INSTRUCTIONS FOR FORM 2 OF 2**

Most CMHSPs are also direct service providers. For purposes of this form, the CMHSP/PIHP should be reported if the direct service expenditures (including administration) of the CMHSP are such that the CMHSP would be one of the top five providers. Use direct service expenditures (including administration allocated to direct services) to determine whether the CMHSP/PIHP represents one of the top 5 providers.

#### **COLUMN INSTRUCTIONS**

Top 5 Contract Providers – Report the name and address of the top five paid contract providers in order of highest to lowest.

Total Expenditures by Provider – Report the total expenditures associated with each provider.

#### **NARRATIVE**

Please provide a brief narrative, no more than 1 page, describing any actions the CMHSP has taken to reduce costs.

### **4. WAITING LIST FORM**

#### **PURPOSE OF FORM AND GENERAL INSTRUCTIONS**

The Mental Health Code, Section 330.1124 requires that CMHSPs establish and maintain waiting lists if all service needs are not met. The purpose of this form is to gather information about the use of waiting lists by CMHSPs and the people waiting for various types of services.

#### **GENERAL INSTRUCTIONS**

**AS OF DATE** - For the number of people on the waiting list as of a certain date, please indicate the date that you started the waiting list.

**TIME PERIOD COVERED FOR ADDED/REMOVED** - In order to get information about the number of people added and removed during a certain time period, please indicate the time period you are using.

**SPECIFY HCPCS AND CPT CODES INCLUDED IN THIS CATEGORY** - In the row provided (under each category), please specify which HCPCS and CPT codes that you include in each category. The column will expand as you type.

#### **NARRATIVE**

How do you assure that service needs are met at an individual level as well as from a program capacity level? The column will expand as you type.

#### **COLUMN INSTRUCTIONS**

**Program Type** - Program type/services to report for waiting list activity.

**MI Adult** – Anyone that is 18 years old or older with a mental illness.

**DD** – Anyone with a developmental disability.

**SED** - Anyone that is 17 years or younger with serious emotional disturbance.

**Total** – Sum of the MI Adult, DD and SED columns.

#### **ROW INSTRUCTIONS**

**Targeted CSM/Supports Coordination** – Services included here are client services management and supports coordination.

- ❖ Report the number of people requesting Targeted CSM/Supports Coordination services that were on the waiting list as of the date provided by CMHSP.
- ❖ Report the number of people requesting Targeted CSM/Supports Coordination services that were added during the time period covered.
- ❖ Report the number of people requesting Targeted CSM/Supports Coordination services that came off the waiting list during the time period covered due to receiving the services that were requested.
- ❖ Report the number of people requesting Targeted CSM/Supports Coordination services that came off the waiting list during the time period covered due to other reasons.
- ❖ Report the number of people requesting Targeted CSM/Supports Coordination services that were left on the waiting list at the end of the time period covered.

**Intensive Interventions/Intensive Community Services** - Services included here are assertive community treatment, home based services, integrated dual disorder treatment and dialectal behavior therapy.

- ❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that were on the waiting list as of the date provided by CMHSP.
- ❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that were added during the time period covered.
- ❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that came off the waiting list during the time period covered due to receiving the services that were requested.
- ❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that came off the waiting list during the time period covered due to other reasons.
- ❖ Report the number of people requesting Intensive Interventions/Intensive Community Services that were left on the waiting list at the end of the time period covered.

**Clinic Services/Medication** - Services included are assessment/evaluation, psychological services, education/medication monitoring, nursing, health outpatient, Parent Management Therapy Oregon Model, family psycho- education, occupational therapy, physical therapy and speech.

- ❖ Report the number of people requesting Clinic Services/Medication services that were on the waiting list as of the date provided by CMHSP.
- ❖ Report the number of people requesting Clinic Services/Medication services that were added during the time period covered.
- ❖ Report the number of people requesting Clinic Services/Medication services that came off the waiting list during the time period covered due to receiving the services that were requested.
- ❖ Report the number of people requesting Clinic Services/Medication services that came off the waiting list during the time period covered due to other reasons.
- ❖ Report the number of people requesting Clinic Services/Medication services that were left on the waiting list at the end of the time period covered.

**Supports for Residential Living** - Services included here are 24 hours support for residential and crisis residential.

- ❖ Report the number of people requesting Supports for Residential Living services that were on the waiting list as of the date provided by CMHSP.
- ❖ Report the number of people requesting Supports for Residential Living services that were added during the time period covered.
- ❖ Report the number of people requesting Supports for Residential Living services that came off the waiting list during the time period covered due to receiving the services requested.
- ❖ Report the number of people requesting Supports for Residential Living services that came off the waiting list during the time period covered due to other reasons.
- ❖ Report the number of people requesting Supports for Residential Living services that were left on the waiting list at the end of the time period covered.

**Supports for Community Living** - Services included here are community living supports less than 24 hours, supported employment, skill building, clubhouse and respite.

- ❖ Report the number of people requesting Supports for Community Living services that were on the waiting list as of the date provided by CMHSP.
- ❖ Report the number of people requesting Supports for Community Living services that were added during the time period covered.
- ❖ Report the number of people requesting Supports for Community Living services that came off the waiting list during the time period covered due to receiving the services requested.
- ❖ Report the number of people requesting Supports for Community Living services that came off the waiting list during the time period covered due to other reasons.
- ❖ Report the number of people requesting Supports for Community Living services that were left on the waiting list at the end of the time period covered.

## **5. Needs Assessment**

Please refer to the attached Needs Assessment Guideline, Instructions, Data Form, Stakeholder Survey, and Priority List for specific instructions on the Needs Assessment requirement.

**NOTE: CMHSPs are only required to complete the Stakeholder Survey and Priority Needs and Planned Action every 2 years. All CMHSPs completed both of these in FY 14. For FY 15, please submit a narrative describing any progress or accomplishments made by the CMHSP on items identified in the Priority Needs and Planned Actions or any changes that were made.**

**The Data Set Form is an annual requirement.**